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Patti DeMichele	(Depositor's name)
<i>Patti DeMichele</i>	(Signature)
May 27, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/741,661	12/19/2000	Harald Bauer	PHD 99-194	7067

TITLE OF INVENTION: MOBILE RADIO RECEIVER WITH INTEGRATED BROADCAST RECEIVER THAT FILLS BROADCAST GAPS DURING MOBILE BAND COMMUNICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, PABLO N	2685	455-324000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

AARON WAXLER

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(A) NAME OF ASSIGNEE

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Koninklijke Philips Electronics N.V.**Eindhoven, The Netherlands**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ Corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **14-1270** (enclose an extra copy of this form).

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